

| Business Risk | Current Impact | Current Likelihood | Overall RAG Status | Risk Owner / Updater | Level and Source of Assurance | | | | | | Internal Audit Needs | Planned Internal Audit Work | Audit Plan Area | |
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| <p>Risk ID 222</p> <p>Risk Title Digital, data and cyber security</p> <p>Risk Level Corporate</p> | <p>If we do not have robust digital, data and cyber security measures and systems and behaviours in place, embedded and working as best as they can be, then we will be vulnerable to cyber threats, disruption to service delivery, possible loss of information including confidential information and associated fines and reputational damage.</p> | Very High | Medium | Red | <p>Sarah Lackenby / Jo Harley</p> | <p>>Constant monitoring and surveillance of cyber risks by Security Office using system and tools in place. Situation reported monthly to Digital Services Board and Information Governance Board chaired by SIRO >Communication to users to keep up awareness >New tools from Microsoft being reviewed to provide phishing test as part of continued vigilance and education to users on cyber security >DR test training completed for Digital Services team. Simulated test of a cyber attack. Training to be provided to HoS and CMT >Covid-19 – Ensure the Council’s Covid-19 recovery plan accounts for increased risk from cyber-attacks and data fraud arising from new working patterns and reliance on technology >Introduce simulated cyber-attacks on staff to measure their actions, identify weaknesses and improve knowledge</p> | | <p>>More use of secure cloud storage.</p> | <p>>Member of the Cyber Security Information Sharing Partnership which is a joint industry and government initiative to exchange cyber threat information >Part of Wales Warning Advice and Reporting Point to share cyber threats and defences with other public bodies > Cyber Essentials and Cyber Essentials Plus accreditation >New regional multi-agency cyber cell meetings being attended to share intelligence and actions >PSN Certification Achieved >Cyber essential accreditation achieved</p> | <p>>Various IT / System audits in Audit Plan. >GDPR audit added 18/19.</p> | <p>>Public Services Network (PSN) compliance certificate – tested annually. >Achieved IASME Cyber Essentials certification, working towards Cyber Essentials Plus by March 2019</p> | <p>>WAO review undertake an IT audit each year as part of reviewing financial accounts</p> | <p>>Range of IT audits in the plan to be completed as part of the rolling audit schedule.</p> | <p>>IT audits included in the 2023/24 plan as per the rolling programme and additional ICT reviews as a result of the annual consultation exercise and review of risk registers.</p> | Service Specific – Digital & Customer Services and IT Audits – Transformation and Future Council |
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| | | | | | <p>>Provide staff with ICT security and data management updates and guidance during Covid-19 and whilst working from home including cyber security guidance and Covid-19 cyber scams staffnet page</p> <p>>Cyber security during Covid-19 reviewed alongside advice from Warp and PSN compliance e.g. use of Zoom.</p> <p>>Cyber security strategy created and ready for engagement with staff</p> <p>>Digital services working with internal audit and emergency planning to further improve the ICT disaster recovery plan</p> <p>>Live testing of the DR Plan, options being reviewed potentially in line with wider corporate business continuity exercise</p> <p>>LrF Cyber exercise planned and revised SIRO training</p> <p>>Comms. Issued to staff and members detailing impact of cyber attack at other councils.</p> <p>>BullWall Software purchased to protect against malware attacks.</p> | | | <p>>Member of Wales WARP & CISP sharing knowledge of threats.</p> <p>>Discussed at IG Board – standing agenda item</p> | | | | | |
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| Risk ID 235 | If we do not have sufficient emergency planning, resilience and business continuity arrangements in place, then we will not be able to respond effectively in an emergency, provide the necessary civic leadership or continue to run vital services and ensure compliance with the legal requirements of the Civic Contingencies Act 2004 as a Category 1 Responder. | Medium | Medium | Amber | Ness Young / Craig Gimblett | <p>>Continue to plan for and respond to emergencies as a Category 1 responder under the Civil Contingencies Act, as follows:</p> <p>> Train staff at Operational, Tactical and Strategic Level via the South Wales Local Resilience Forum</p> <p>> Review each year and exercise every 3 years a Major incident Plan, unless activated or significant change such as a change in statute require earlier change</p> <p>>Maintain and review on an annual basis all subordinate plans, including Mass Fatalities, Flood, Offsite COMAH Plan, Rest Centre Plan. with exercising as appropriate</p> <p>>Manage a duty officer rota to effectively respond to emergencies available 24 hours per day, 365 days per year</p> <p>> Annually review all identified risks within the borders of Swansea Council to ensure control measures</p> | <p>>EMS Manager briefs leader/cabinet as required.</p> <p>.>CMT receives regular updates on key planning and agreement as required from EMS manager.</p> <p>>EMS manager meets monthly with the portfolio holder for political oversight and visibility.</p> <p>EMS Manager represents Swansea Council at Strategic level within SWLRF and Pan Wales Forums.</p> | <p>>EMS have been called to several Scrutiny panels, with none currently in the calendar.</p> | <p>>Multi agency exercising and training</p> <p>>Internal development/ training of new officers including newly created assistants post.</p> <p>>Joint work programs and information sharing with Welsh Civil Contingencies managers and South Wales Resilience Team.</p> <p>>Service Manager part of the National and Regional PSPG group and CONTEST Group with local PSPG arrangements in-place.</p> <p>>EMS is embedded within the SWLRF at Executive, Strategic and Tactical levels</p> <p>BC plans in-place with each HoS.</p> | <p>>EMS were audited in Nov 22 with an outcome of High assurance rating.</p> | <p>>EMS have been part of the consultation group for Welsh Governments Civil Contingencies review this will lead to independent external audit of Civil Contingencies when final structures are established in 2023.</p> <p>> The Protect Act, which places responsibility for CT planning based on organisational risk, as part of this a new Regulator will be appointed to enforce compliance/breaches and audit</p> | <p>>Independent external Audits will be conducted through Welsh Government and the new regulator appointed to enforce the Protect Duty in 2023/24 to establish maturity and mitigation.</p> | <p>>Standard audits in the plan cover this area on rolling basis.</p> | <p>>Audits in the plan to be completed in as part of the rolling programme include disaster recovery & Business Continuity, Emergency Planning & Business Continuity</p> | Service Specific Audits – Communications / ICT / Council wide assurance |
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| | | | | | <p>remain relevant and proportionate.</p> <ul style="list-style-type: none"> > . Redistributed to all Heads of Service and review each year the Council's Corporate Business Continuity policy and guidance to ensure business continuity plans are robust and reviewed annually. >Review each year for all significant risks the Emergency Management Service (EMS) guidance, procedures and action cards. >The EMS acts as the conduit for security and counter terrorism information from the Welsh Extremism & Counter Terrorism Unit, disseminating information to key internal and external partners as required. > EMS maintains a fully stocked Incident Response Vehicle, to protect/support the public during an emergency. <p>A Swansea Risk Group with Partner Agencies has been established.</p> <p>Plans are in-place for further Covid-19 or other infectious disease outbreaks</p> | | | <ul style="list-style-type: none"> >Plans and Action cards reviewed annually and EMS audited in 2022. >Collaborative working with SWP on call out protocols in-place and reviewed. >ACT App and free training promoted across Authority. Local Partner CT comms strategy and alerts system established. | | arrangements. | | | |
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| Risk ID 236 | If we fail to have robust Health & Safety policies and arrangements in place, then there could be a health and safety breach identified as a corporate failing with associated legal, financial and reputational consequence. | High | Low | Amber | Ness Young / Craig Gimblett | <p>>Maintain the Corporate Health & Safety Policies, which clearly identifies the Health & safety responsibilities of every level of employee, and review (including subordinate policies) every 3 years or if significant change occurs, such as a change in statute, leader, CX or statute changes.</p> <p>> Provide the Corporate Health & Safety Policy to all staff during induction and provide mandatory Health & Safety training framework for all employees.</p> <p>>Continue Bi-annual Health & Safety Committee meetings chaired by each Director and made up of employee and management representatives and trade unions, supported by competent H&S Officers who provide statistical reports, advice and any updates from the Health & Safety Executive.</p> <p>>Continue to undertake an annual program of Health &</p> | <p>>H&S Manager provides regular updates, reports, presentations, and statistics. to CMT.</p> <p>>H&S Manager meets monthly with portfolio holder to provide briefing and political oversight and awareness.</p> <p>>Accident Statistics and investigations finding provided to all H&S Committees' and sub groups.</p> | <p>>H&S Manager has provided updates to numerous scrutiny panels, none currently in diary.</p> <p>>Service has been fully audited internally in 2019.</p> | <p>>Member of British Association of Counsellors and Psychotherapists (Bacp).</p> <p>>Directors H&S Committees & Sub Safety Groups</p> <p>>Increased accessibility to H&S training via teams and online.</p> <p>>Policy development and review plan in-place under full consultation.</p> <p>>Officer representation at trade union meetings.</p> <p>>Additional resources placed in Occupational Health (31/03/230 & Stress Management and Counselling, with extension of Psychological Support project until 31/03/23</p> | <p>>H&S Audit Plan</p> | <p>> H&S Manager represents Swansea on a Pan Wales/regional basis as part of the Managers forum to share best practise and coproduce where appropriate.</p> | <p>>Standard audits in the plan already cover this area.</p> | <p>>Health, Safety & Wellbeing audit completed in 22/23 on the rolling programme</p> | Service Specific Audits – Communications / ICT / Council wide assurance |
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| | | | | | <p>Safety and Fire Safety Management audits and inspections across all service areas to maintain and improve arrangements and compliance with policy and ensure that agreed improvement plans are put in-place and monitored by the Principal H&S Officer through monthly 1-2-1's for completion.</p> <p>>Continue to ensure that there is appropriate H&S training and administer Corporate H&S training records and qualification refresher recalls and issue compliance reports to services on a bi-annual basis monitored by the Senior H&S Training Officer.</p> <p>>Continue to investigate more significant accidents falling under the remit of the RIDDOR regulations and provide a management report to prevent re-occurrence, ensure legal compliance and an improvement of</p> | | | <p>> New CORITY OH management software management package due for implementation March 2023.</p> <p>> SEQOHS accreditation submission and assessment due March 2023.</p> <p>> Application for evaluation for Welsh Government Gold Corporate Health Standard October 2023.</p> | | | | | |
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| <p>Risk ID 309</p> <p>Risk Title Oracle Fusion Project Implementation</p> <p>Risk Level Corporate</p> | <p>If the impact of the ongoing COVID response and subsequent volume of COVID recovery activities continue to pressure business as usual work across both services and the Council's external suppliers, then there is a risk the Oracle Fusion project will continue to experience delays that could impact the go live date of April 2023 and increase cost for the Council.</p> | High | Low | Amber | Sarah Lackenby / Jo Harley | <p>> Appointment of Interim Director of Corporate Services as sponsor and chair of Steering Board</p> <p>>Weekly monitoring by project team and SRO</p> <p>>Weekly progress reports to and update meetings with sponsor, SRO & project manager</p> <p>> Executive Steering Board meet fortnightly and escalated to CMT/Cabinet where appropriate</p> <p>> Heads of Service added to the Executive Steering Board</p> <p>>Heads of Service monitoring capacity and remedial actions plans put in place where appropriate</p> <p>> Daily monitoring by the implementation Team of the programme risk register with red risks and issues escalated to the Design Authority and Executive Steering Board fortnightly</p> <p>> CMT updated weekly by the Sponsor</p> | <p>> The Leader and Deputy Leader updated weekly</p> <p>>Reports to Cabinet where significant change required, e.g. October 2022</p> | <p>>Pre-decision Scrutiny, e.g. Oracle Project Investment Update report presented to Scrutiny 18/10/22.</p> | <p>Oracle project audit is scheduled on the Audit Plan for 2023-24</p> | | | <p>Audit Wales audit of controls as part of statement of accounts. Significant review once the new system is live</p> | <p>Oracle project audit in 2023-24</p> | Cross Cutting Audits – Section 151 Assurance / Council Governance & Control |
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| Risk ID 333 | If the council does have a robust and deliverable Corporate Transformation Plan it will struggle to make the significant changes needed to its operating model, technology, process and service delivery to respond effectively to the external challenges it is facing. | High | Low | Amber | Ness Young / Ness Young | >Corporate Transformation Plan to be developed, articulating specific projects and programmes and governance, to be presented to Cabinet for approval > Workforce and Organisational Development Programme(s), supported by business cases, to be developed to implement the Council's Workforce Strategy as a key programme(s) in the Corporate Transformation Plan > Digital Transformation Programme, supported by a business case, to be developed to implement the Council's Digital Strategy as a key programme in the Corporate Transformation Plan > Directors to identify key strategic change projects / programmes that should form part of the Corporate Transformation Plan. All programmes within the plan will have formal governance arrangements in place | >Transformation on Delivery Board established, Chaired by the Deputy Leader for Transformation. All Directors are members. Audit Wales observers on Board. Formal terms of reference in place. >Transformation on Delivery Board meets quarterly and reports at least three times a year to Cabinet/CMT. Annual report of progress against plan to Cabinet. | > Scrutiny Committee to consider lessons learned from Sustainable Swansea and Achieving Better Together Programmes to inform development of Corporate Transformation Plan | > Governance and Audit Committee to consider lessons learned from Sustainable Swansea and Achieving Better Together Programmes to inform development of Corporate Transformation Plan >Organisational Transformation Corporate Development Committee to contribute to develop of new Corporate Transformation Plan informed by a lessons learned report on the Sustainable Swansea and Achieving Better Together Programmes > Establish a Transformation Delivery Board to provide strategic | >Independent Assurance Is Provided From Internal Audit > | >Independent Assurance is provided by Audit Wales, who attend Transformation on Delivery Board as observers and will include transformation performance and risk in annual risk assessment work | >Audit of ABT Transformation included for 2023/24 | Cross Cutting Audits – Section 151 Assurance / Council Governance & Control |
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| | | | | | to oversee their delivery, reporting to the Transformation Delivery Board quarterly | | | direction and leadership to ensure that between 2022 and 2027 Swansea Council develops and delivers a robust and deliverable Corporate Transformation Plan | | | | | | |
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| Risk ID 335 | If the Council is not able to recruit and retain the right staff, then there may be reduced workforce capacity and capability, leading to lower staff morale and productivity, poor work quality, increased staff costs and reduced staff well-being / higher sickness rates. | Medium | Low | Amber | Ness Young / Rachael Davies | > Establish a recruitment data set by April 2023 to include agreed measures on; for example, turnover rates, length of time to recruit, identification of difficult to fill roles by April 2023 in order to identify areas to improve efficiency in recruitment processes where time to recruit is challenging, and to better understand areas where turnover is predicted to impact service delivery. > Establish exit interview process by June 2023 for 'difficult to fill' roles to better understand the reasons for leaving the Council and review whether action can be taken to prevent numbers from leaving. > Identify difficult to fill roles from each Directorate by April 2023 to target resource to prioritise these hard to fill roles above other regular recruitment. > Review market supplement policy and those posts receiving supplements by April 2023 to assess impact on attraction strategy and retention rates in | >Cabinet Member briefings, Cabinet reports where applicable | >Regular reporting to Scrutiny Working Group - Regular reporting to Organisational Development CDC | >Quarterly reporting provided to Directorates for PFM to highlight areas of concern and consider targeted approaches accordingly. Quarterly reporting to Workforce Transformation Programme Board | >Internal audit of recruitment procedures | | | >Standard rolling audit schedule, repeated based on audit risk score. | >Audits included on rolling programme in HR & OD / Service Centre. Includes Recruitment and Staff Contracts for 2023/24 | Service Specific Audits – HR & OD, Service Centre / Transformation & Future Council Development |
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| Risk ID 336 | If the Council does not implement, monitor and ensure the completion of mandatory training, then the Council may not fulfil its statutory and regulatory obligations or ensure the safe and effective operation and delivery of services. | Low | Low | Amber | Ness Young / Rachael Davies | <ul style="list-style-type: none"> > 12 month Corporate objective rolled out to organisation on completion of mandatory training to be included in new Performance and Goals Fusion module, commencing April 2023. > Regular Quarterly and annual reports to CMT on compliance levels by Directorate. > Managers to record in Oracle Fusion when training is undertaken and ensure any refresher training is undertaken. Monitor and report on compliance from April 2023. > Annual review of the mandatory training list to ensure list is up to date and appropriate. > Corporate Safeguarding policy in place for all staff and councillors to follow and reviewed annually. > By April 2023, Statutory officers identified and suitably qualified to ensure safeguarding arrangements are in place and policies and procedures are implemented. > Establishment of Corporate objective to | >Cabinet Member briefings, Cabinet reports where applicable | >Scrutiny Panels in place to scrutinise Social Services Work and Performance, of which safeguarding training is included; Scrutiny Working Group – Workforce in place | >Mandatory Corporate Training available for all Staff and Members. Reports to CMT on progress and actions required | >Internal Audit of mandatory training compliance Governance and Audit Committee reporting | >HSE where applicable CIW/EWC where applicable | >Standard rolling audit schedule, repeated based on audit risk score. | >Safeguarding cross cutting audit is included in the 22/23 audit plan in relation to Safeguarding specifically >Corporate Learning & Development team audit due for 2024/25 following Fusion implementation linked to training records | Service Specific Audits – HR & OD, Service Centre / Transformation & Future Council Development |
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| | | | | | measure against completion of mandatory training, reportable quarterly via Oracle post April 2023. > Establishment of Corporate objective for Completion of 121s and appraisals, reportable quarterly via Oracle post April 2023. To be developed under Goals and Performance Model | | | | | | | | | |
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Last Updated: 10/02/23